



## EDUCATION and WORKFORCE DEVELOPMENT CABINET

Matthew G. Bevin  
Governor

GOVERNOR'S SCHOLARS PROGRAM  
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Hal Heiner  
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Executive Director

### **MEMORANDUM**

TO: Alumni of the 2016 Governor's Scholars Program,  
Murray State University Campus

FROM: Aris Cedeño, Academic Dean, and Kristen Harris, Campus Director

RE: **GSP REUNION: Tuesday, June 20<sup>th</sup>**

DATE: April 10, 2017

#### **1. When and Where:**

The Alumni Reunion for the 2016 Governor's Scholars from the Murray State University campus will be held at Murray State University on **Tuesday, June 20, 2017**. The following is a general outline of the day's activities. Please note that all times *except* registration are tentative. **ALL TIMES ARE CENTRAL (CDT).**

8:30 – 9:30 a.m.:	Alumni arrive at Murray State University and register at the GSP Office in New Franklin Hall.
9:30 – 11:00 a.m.:	GSP Seminar
11:00 – 12:00 p.m.:	GSP Alumni Gathering
12:00 – 2:00 p.m.:	Lunch in Curris Center Ballroom
2:30 p.m.:	Organized activities conclude.

#### **2. Registration Fee:**

The registration fee is \$25.00 per person if you make your reservation in advance of June 1, 2017. This fee covers the cost of lunch and the use of Murray State University facilities. Please carefully read the registration form regarding deadlines and space availability.

#### **3. What to Wear and What to Bring:**

Dress as you did last summer—casual, comfortable, and tasteful. You may also want to bring any equipment you might need for impromptu recreational activities—Frisbee, volleyball, soccer, four square, etc. Of course, if you plan to perform in Showcase, you'll need to bring the instrument(s), props, and equipment for your act. Also, keep in mind to bring cash, check or credit card to purchase a GSP Alumni T-Shirt and other GSP mementos.

4. **Food:**

The cost of a cafeteria lunch is included in your registration fee. Because this is a rare chance for the GSP-2016 community to reunite, we ask that after you have registered, you not leave the Murray State University campus until the day's events have concluded. Please do not plan to leave campus for lunch or any snacks during the day.

5. **2016 Alumni Challenge - \$15 for 15 Scholars:**

The 2016 Governor's Scholars Class Challenge presents your class with the opportunity to ensure other outstanding young people from across the Commonwealth continue to experience this life-changing Program. In fact, if each 2016 Governor's Scholar were to give a tax deductible donation of only \$15.00 to the Program, the GSP class of 2016 could sponsor **FIFTEEN future Governor's Scholars!**

Approximately 25% of GSP's annual budget relies on the generosity of private donations, including our alumni and families, to sustain the Program's longevity and success. Please consider including a donation to GSP with your Reunion Registration Forms. Any donations will make a difference and all donations are tax deductible.

6. **Directions and Parking Information:**

**From the east via I-65**

To get to Murray, take exit 91 off of I-65 onto the Wendell Ford Western Kentucky Parkway toward Owensboro/Paducah. Merge onto I-24 W via exit 1B toward Julian Carroll Purchase Parkway. Continue for approximately 17 miles, and then merge onto the Julian Carroll Purchase Parkway South via Exit 25A. Proceed south approximately 15 miles, then exit onto Highway 641 (sign marked "Murray State University - Exit 41") and drive south to Murray. Drive 14.6 miles and turn right onto Chestnut Street. After turning onto Chestnut Street, drive 0.4 miles, passing beneath a campus footbridge, and then turn right onto Waldrop Drive. Turn right into the first parking lot off Waldrop Drive where you will find New Franklin Hall across from the Winslow Dining Commons.



## Reunion Registration Form

GSP-Murray State University Campus

**Please return this form to the Governor's Scholars Program by June 1, 2017.**

- ☐ Yes! I will be attending the GSP Class of 2016 Alumni Reunion at Murray State University on Tuesday, June 20, 2017.
- ☐ My \$25.00 advanced registration fee is enclosed.  
\* Please note that late registration fee is \$30.00 (after June 1, 2017) and subject to space availability.
- ☐ I have included a donation to the **2016 Alumni Challenge - \$15 for 15 Scholars.**

Last Name: _____		Preferred Name: _____	
Address: _____			
City: _____		State: _____	ZIP: _____
Phone: _____		E-mail: _____	

**Check List (please be sure the following items are included with your registration):**

- ☐ Registration Form
- ☐ Payment (including registration fees, late fees, and donation)
- ☐ Medical Information - Parent/Guardian Signature

**ITEMS**

<input type="checkbox"/> Registration Fee <b>\$25.00</b>	
<b>or</b>	
<input type="checkbox"/> Registration w/ Late Fee (if registering after June 1, 2017) <b>\$30.00</b>	
<input type="checkbox"/> 2016 Alumni Challenge Donation <b>\$15.00</b>	<input type="checkbox"/> Other donation amount \$_____.
<b>TOTAL AMOUNT ENCLOSED    \$_____.</b>	

**Please return your completed forms and payment with the included business reply envelope or mail the completed forms and payment to the following address:**

Governor's Scholars Program  
ATTN: Reunion  
1024 Capital Center Drive  
Suite 210  
Frankfort, KY 40601



**Class of 2016 Alumni Reunion**  
**Medical Information and Parent/Guardian Signature**  
**GSP-Murray State University Campus**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name and phone number of family doctor: \_\_\_\_\_

Should student be restricted from any type of recreational activity? \_\_\_\_\_ (If YES, please explain) \_\_\_\_\_

Are there any dietary restrictions or any drugs (prescription or non-prescription) that should NOT be administered? \_\_\_\_\_

(If YES, please explain): \_\_\_\_\_

**List two people to be notified in case of emergency.** One should be a parent or legal guardian.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Release – Parent/Guardian Signature Requested**

*Although the reunion will last only a few hours, some attendees may be minors and/or be a long distance from their guardians. As a result, it is important that the Governor's Scholars Program have a medical release on file. This provides parental permission for medical examination and treatment in an approved and authorized hospital, physician's office, or other medical facility.*

The following consent should be signed by the parent or legal guardian of the student, so that appropriate diagnosis and treatment may be carried out and so that no unnecessary delays will occur with emergency procedures, including operational procedures. No operations will be performed, except in an emergency, without parent or legal guardian's being contacted and fully informed.

I give my permission for \_\_\_\_\_ (**scholar legal name**) to receive necessary medical treatment at an authorized hospital, medical facility, or office by appropriate medical professionals.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Terms of Participation – Student and Parent/Guardian Signatures Required**

I, the undersigned, agree to abide by the rules and regulations for the Governor's Scholars Class of 2016 Alumni Reunion, and by the rules and regulations that govern campus safety at Murray State University as interpreted by the staff members. However, the following rules will be strictly enforced:

- a. No firearms of any kind will be allowed
- b. Students are prohibited from using, possessing, or being under the influence of any illegal drug or alcoholic beverage
- c. Students will remain on the campus of Murray State University until the Reunion activities have concluded

I understand that failure to fulfill the terms of this agreement may result in my being dismissed from the Governor's Scholars Class of 2016 Alumni Reunion or other appropriate actions deemed necessary by the GSP staff and Murray State University campus authorities.

I have reviewed these points with my parents/guardians. We understand the need for all participating students to agree to the above items. We realize that if I do not abide by these rules, action may be taken at the discretion of the Governor's Scholars Program chaperones and the Murray State University campus authorities.

**Student**

**Parent / Guardian**

Name: \_\_\_\_\_  
*Please print.*

Name: \_\_\_\_\_  
*Please print.*

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_